# Cleveland Prevention Update

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Ohio Department of Health

May 21-22, 2018

# ODH HIV PREVENTION PROGRAM

2018-2019 Overview

Ohio Department of Health

# Client Services Team

Client Services Administrator- Laurie Rickert

Community-Based Program- Vacant

AIDS Drug Assistance Program- Tim Leonard

HIV Prevention – Zach Reau

STD Prevention- Vacant

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# HIV Prevention Staff

- Columbus HQ
- 6 Staff members
  - Program Manager
  - 5 Project Coordinators
- Collaborative partnership with DIS & STD Program

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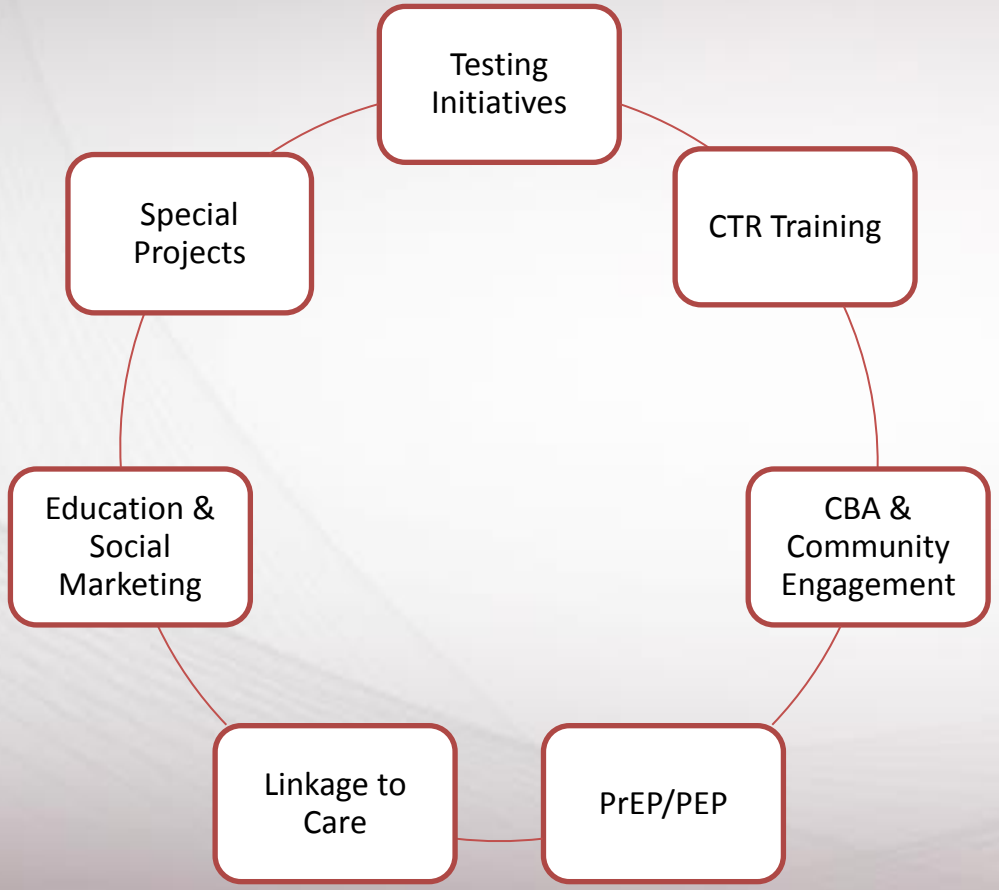
# HIV Prevention

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# 2018 Outlook

- Testing – New testing algorithm; rapid linkage program; 4th gen state lab; update/expand protocols
- LTC – New position; protocol development; LARHC rollout
- PrEP – State assistance program; PEP for SA
- Determination of Need – Expected filing by Spring
- Competitive grant ‘19

# 2019 and Beyond

- New Prevention Regions
  - Increase in number of DIS/LTC
- Targeted Testing
- PWP program
- EIS funded for PAPI
  - Additional PrEP program components
- Integrated 3-site STD testing

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# INTEGRATED PLAN

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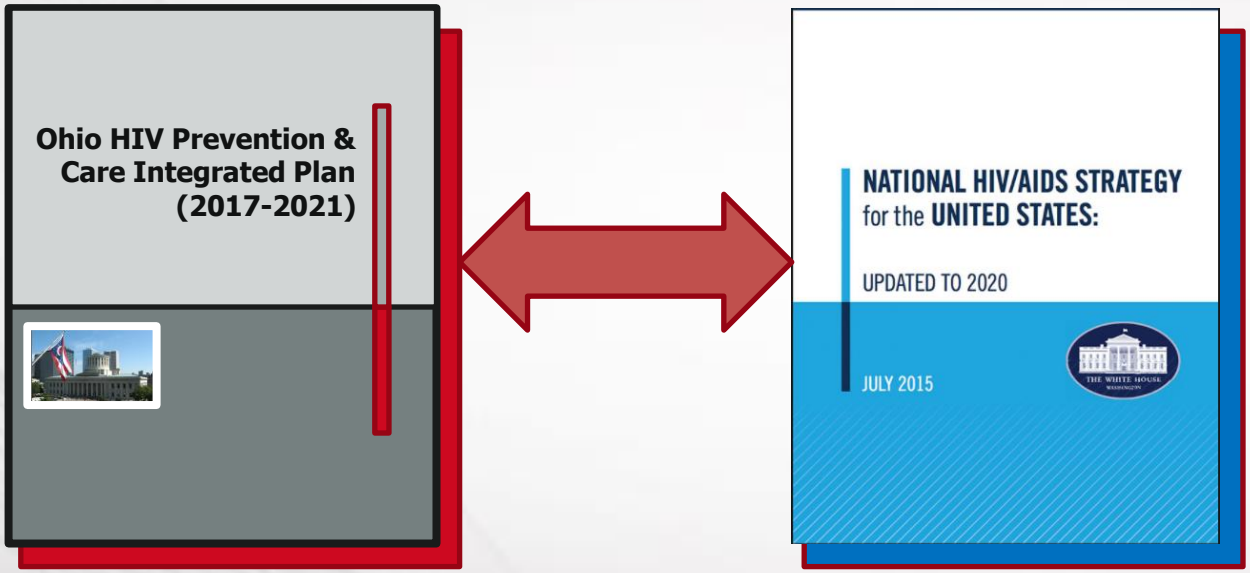
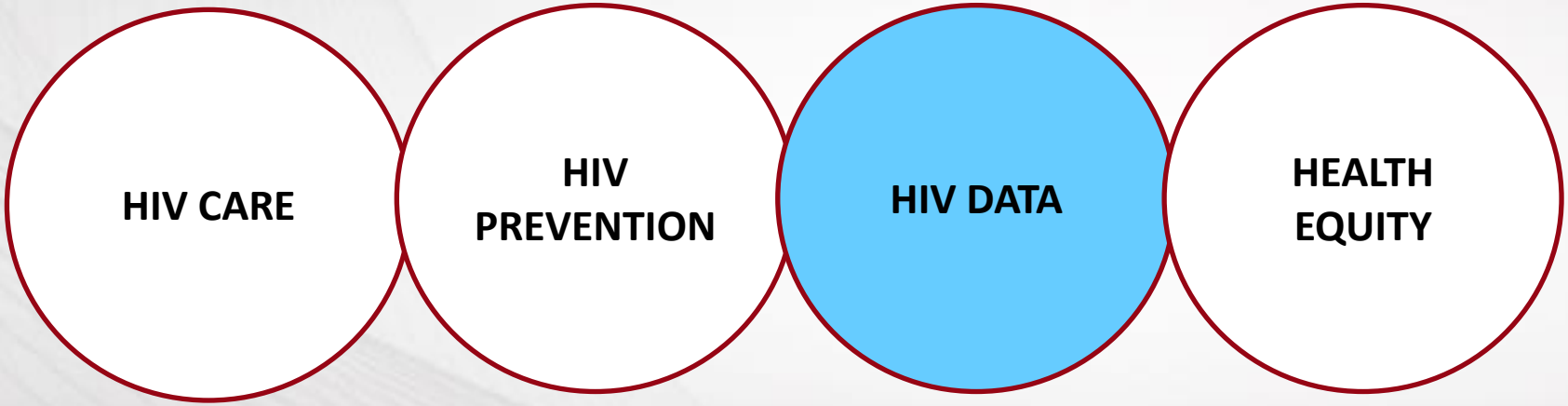
# 2016 Submission

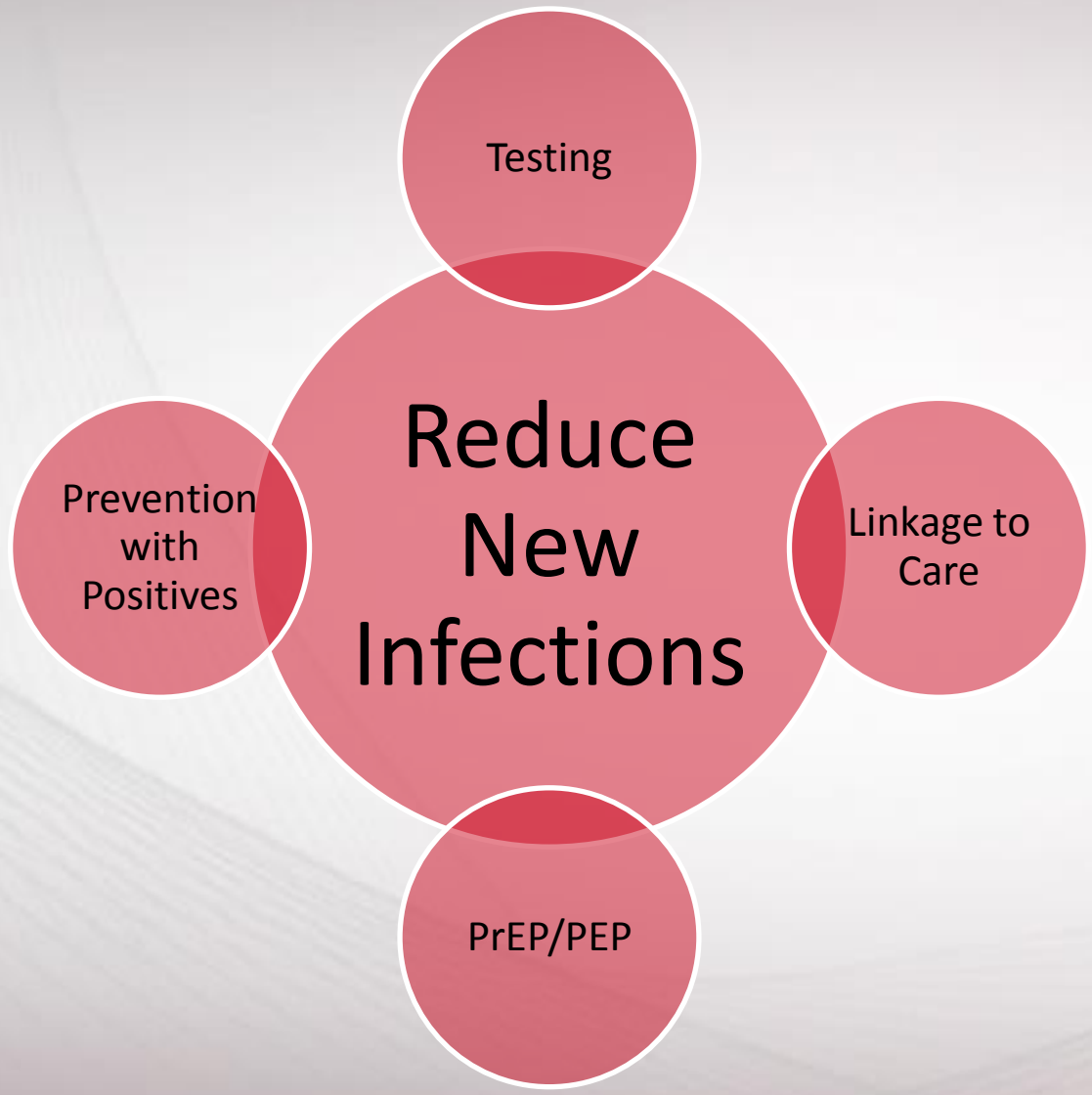
- Goal 1: Develop and Implement Data to Care
  - Goal 1A: Create an Ohio Care Continuum
  - Goal 1B: Improve Data Sharing between Programs
- Goal 2: Improve the Implementation of Linkage to Care
- Goal 3: Increase the Availability of Targeted HIV Testing
- Goal 4: Ensure the Statewide Availability of Pre-exposure Prophylaxis (PrEP)
- Goal 5: Address Housing Needs for PLWHA in Ohio
- Goal 6: Continue and expand the Ryan White All-Parts Statewide Quality Management Program
- Goals 7 and 8: Target Health Inequities

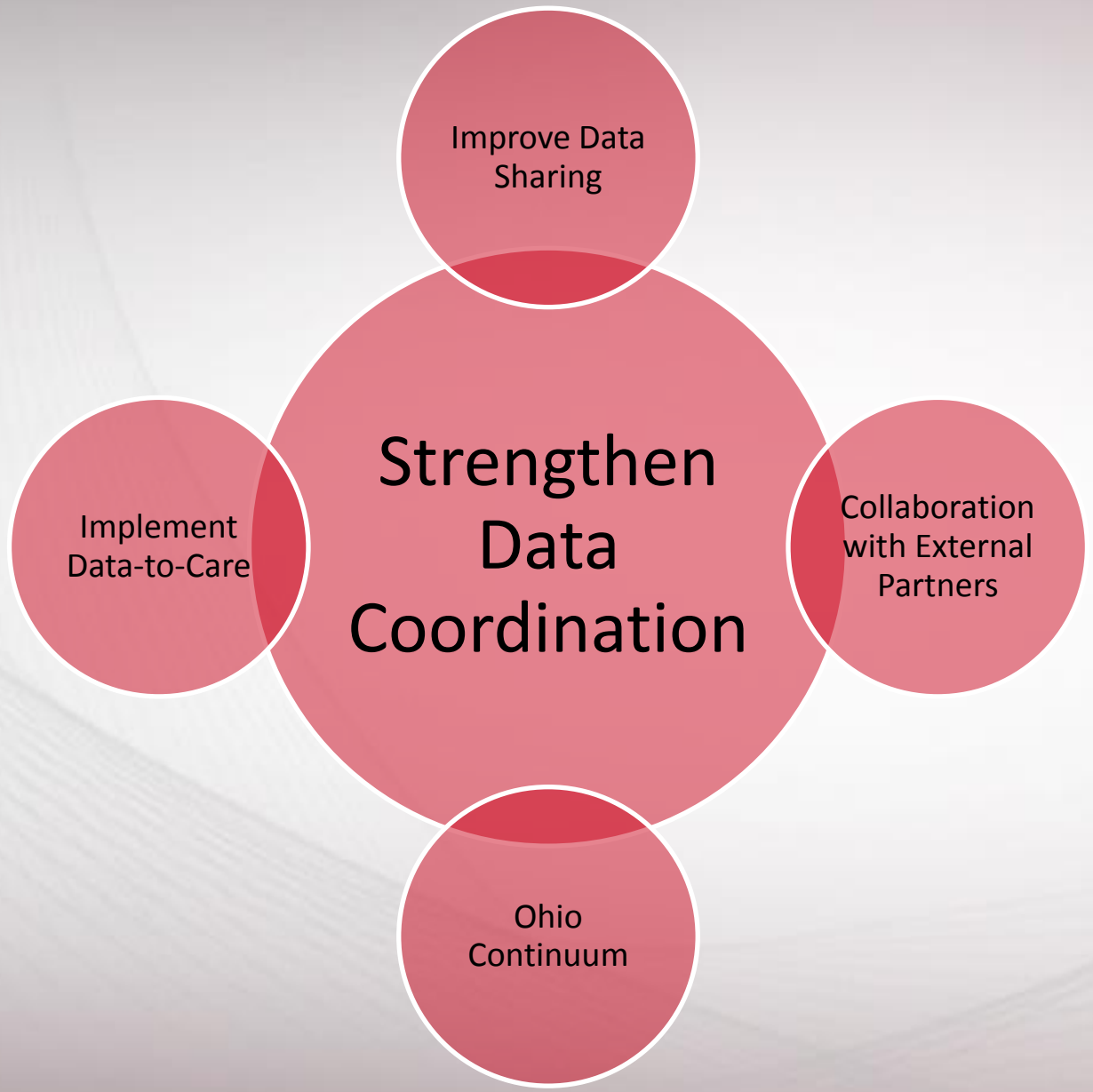

Ohio HIV Prevention & Care Integrated Plan (2017-2021)
NATIONAL HIV/AIDS STRATEGY for the UNITED STATES:
UPDATED TO 2020
JULY 2015
THE WHITE HOUSE

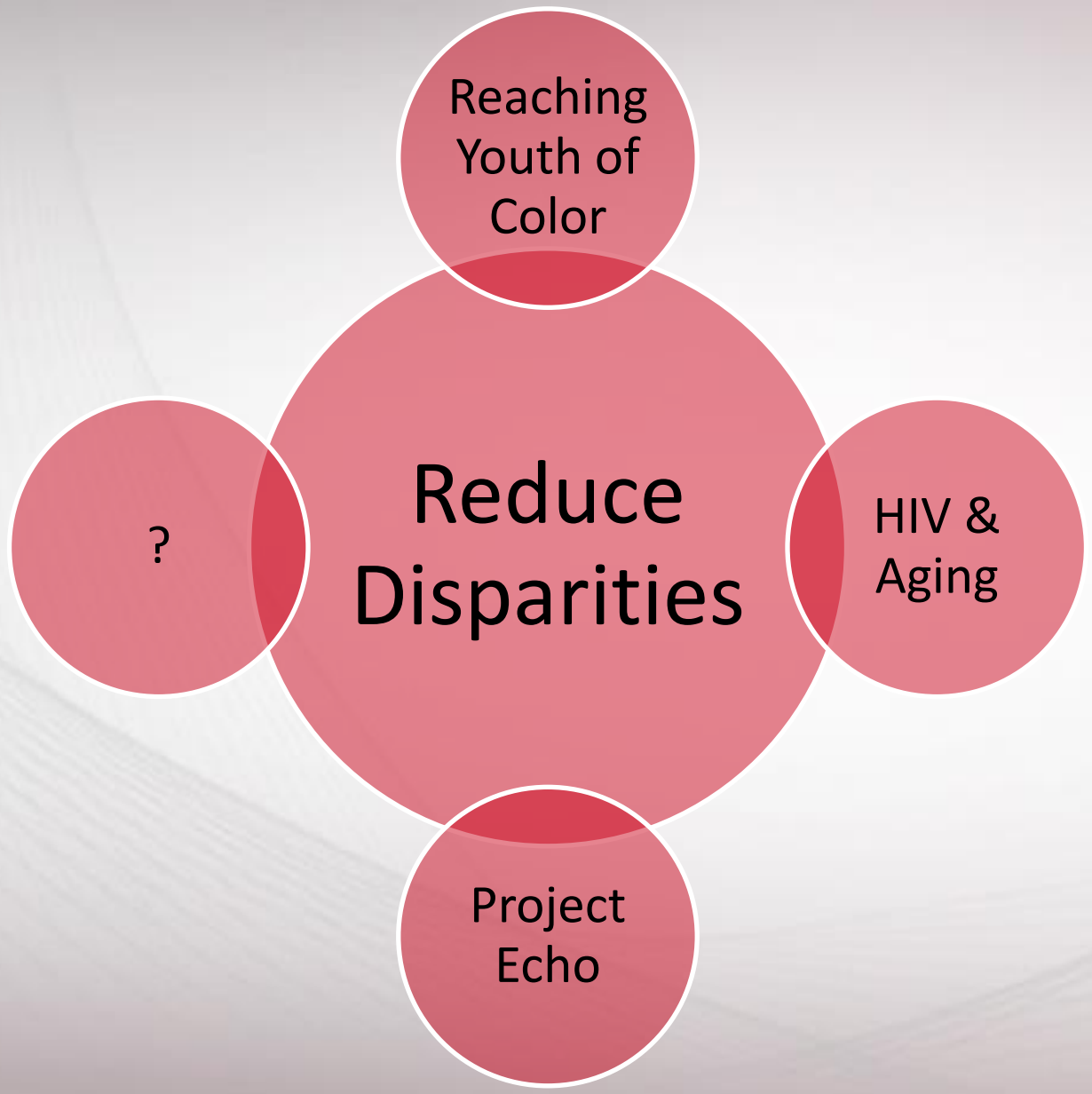



## UPDATED FRAMEWORK


Treatment Adherence
Access to Care
Achieve Viral Suppression
Housing
Statewide Quality Management


Testing
Reduce New Infections
Prevention with Positives
Linkage to Care
PrEP/PEP


Improve Data Sharing
Strengthen Data Coordination
Implement Data-to-Care
Collaboration with External Partners
Ohio Continuum


Reaching Youth of Color
?
Reduce Disparities
HIV & Aging
Project Echo

# TESTING PROTOCOLS

Transition to Rapid/Rapid

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# Overview

## Old Method

- Oral swab or fingerstick for 20 minute test
- If reactive, conduct confirmatory and send to lab for results
- If confirmed, follow-up with client and link to care

## Challenges

- Oral swab is not as specific or sensitive, and has higher likelihood of false positives
- Lab confirmatory can take up to a week
- Lab window period ~40 days
- Clients can be lost to follow-up

# Overview

**New Method**

- Fingerstick for 20 minute test
- If reactive, conduct second rapid, 60-second test
- If reactive, link to care or provide active referral

**Opportunities**

- Fingerstick is more specific and sensitive, and reduces false positives
- Instant verification (100% PPV), no waiting
- Window period ~20-25 days
- Removes linkage barriers and increases engagement

# Timeline

- Each Prevention Region will begin transitioning testing in May/June.
- Some sites may adopt earlier than others.
- All testing sites should be transitioned by end of July, 2018.

# Rapid Linkage

- Rapid Linkage MOU
  - The provider will, to the best of their ability, provide same- or next- day service to an individual newly diagnosed with HIV.
- Each region is responsible for the MOU for their providers but ODH will help facilitate.
- We will prioritize Ryan White providers first, with a goal of identifying at least one Rapid Linkage provider per region.
  - When contacting providers, should have data on the average number of new positives identified in that region through testing program.

# NPEP

For Survivors of Sexual Assault

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# Post-Exposure Prophylaxis

- "Plan B" for HIV
- May prevent HIV *after* a potential HIV exposure
  - PEP must begin **within 72 hours** of exposure
  - PEP is not 100% effective, but the quicker it is started, the better
- Research based on occupational and perinatal exposures
- Primarily accessed in emergency/urgent care settings

# Post-Exposure Prophylaxis

- 28 day full HIV treatment regimen
  - CDC: Truvada + raltegravir(2x) or dolutegravir(1x)
  - Not universally stocked/known in local pharmacies
- Side effects are moderate and treatable
- ICD10 Dx code: *Exposure to HIV (Z20.6)*
- Primary considerations*:*
  - **HIV Negative**; Hep B status; Renal function

# PEP for SA

- Sexual assault typically has multiple attributes that increase the risk for HIV transmission if the assailant is not virally suppressed.
- In one prospective study of 1,076 sexually assaulted persons:
  - 20% had been attacked by multiple assailants
  - 39% had been assaulted by strangers
  - 17% had anal penetration
  - 83% of females had been penetrated vaginally.
- Genital trauma was documented among 53% of those assaulted, and sperm or semen was detected in 48%.
- Often, in both stranger and intimate-partner rape, condoms are not used and STIs are frequently contracted.

*CDC Updated Guidelines for Antiretroviral Postexposure Prophylaxis After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV*—United States, 2016

# PEP for SA

- In largest study of prevalence of HIV among sexual assailants, 1% of men convicted of sexual assault in Rhode Island were HIV infected when they entered prison, compared with 0.3% of the general male population

- CDC: Persons provided nPEP after sexual assault should be examined and co-managed by professionals trained in assessing and counseling patients during these circumstances (e.g. Sexual Assault Nurse Examiners or SANE).

*CDC Updated Guidelines for Antiretroviral Postexposure Prophylaxis After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV*—United States, 2016

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# Previous SA PEP Protocols

When deciding to recommend PEP, clinicians should assess for:

- Whether or not a *significant exposure* has occurred during the assault
- Knowledge of the HIV status of the alleged assailant
- Whether the victim is ready and willing to complete the PEP regimen

# 2018 SA PEP Protocols

Define “Significant Exposure” as Risk Factors:

- Abrasions
- Contact with, or presence of, blood or semen
- Drug-inducement
- Multiple perpetrators, unknown perpetrator(s), or perpetrators known to be HIV positive
- Multiple episodes of penetration
- No barrier contraception
- Mucosal injuries

# Adherence

- *Incomplete PEP treatment presents a theoretical risk to the victim*
- Adherence support and follow-up care are critical to success. Clear, direct referrals are best.
  - Should be made within 2-3 days of initiation and may include an existing primary care physician, federally qualified health centers, or HIV service organizations/specialty clinics.
- The Ohio HIV/STI Hotline (800-332-2437 or OHIV.org) maintains a list of HIV and LGBTQ-proficient providers.

# Prescribing PEP for SA

- The provision of a full 28-day course is recommended over three-, five-, or seven-day starter packs.
- CDC: Patients more likely to complete a full course of PEP when provided with a 28-day supply (71%) than those who received a starter pack and referral (29%).
- If a prescription must be filled externally, ensure it is in stock and available immediately.

*CDC Updated Guidelines for Antiretroviral Postexposure Prophylaxis After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV*—United States, 2016

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# Prescribing PEP for SA

- Patient should receive:
  - HIV testing, pregnancy testing, hepatitis B and C serology, CBC, liver profile, and renal profile
- Patients should have follow-up testing post-exposure which should include:
  - HIV antibody testing, 3-site STI screening, and Hepatitis B and C serology.

*CDC Updated Guidelines for Antiretroviral Postexposure Prophylaxis After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV*—United States, 2016

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# Financing PEP for SA

- PEP is expensive, but the Attorney General's SAFE program offers reimbursement for its provision.
  - To save costs, referrals to follow-up care should include an existing primary care physician, federally qualified health centers, HIV service organizations/specialty clinics.
- If patient requires, PEP payment assistance programs can be found at fairpricingcoalition.org.

# PAPI: PREVENTION ASSISTANCE PROGRAM INTERVENTIONS

State PrEP Assistance Program

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# PAPI's Scope

- Health Insurance Premiums
- Copays
  - Medical
  - Pharmacy (in-person)
  - Pharmacy (mail-order)
  - Labs
- Full-Medical

# Accessing PAPI

- Annual application
- 300% FPL to begin
- Resident of Ohio
- Adherent to PrEP regimen
  - 6 month review – change verification
- Launch date: July 1st
- NO Medicaid – but can still provide referrals

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# Enrolling in PAPI

- Enrollment Assisters (EIS) will be funded at agencies in each region
  - Agencies will have access to all agency clients
  - Clients will be transferrable between agencies
- Self-referral short-cut
  - OHIV; PrEP Navigators; Existing outreach staff
- DIS; LTC; ODH Program staff

# Enrollment Assisters

- Funded through RW rebate $$ for EIS activities
- May be shared by or work within multiple agencies
- Will be responsible for ensuring compliance and managing case load
- Will complete each client disbursement

# PAPI's Requirements

- Health Insurance Premiums 
- Copays
  - Medical 
  - Pharmacy (in-person) 
  - Pharmacy (mail-order) 
  - Labs 
- Full-Medical 

# PAPI's Providers

- Medical and co-pay providers must be added to PAPI by ODH staff
  - Requires PAPI Provider Agreement
  - Includes standalone pharmacies
  - Will utilize OhioPrEP and PrEPLocator for recruitment
- Insurance and mail-order Rx's will be added by the Enrollment Assister
  - Must include TIN and payment address

# PAPI's Payments

- EAs will create disbursements for client after receiving bill
- Disbursement file will be auto-generated to TPA weekly
- Medical and co-pay disbursements based on fee schedule, service codes

# PAPI's Year 1 Goals

- Increase access to PrEP
  - Reach those most vulnerable and at-risk
  - Enroll 200 in first year
- Recruit multiple providers and pharmacies in each region
- Identify barriers to PrEP care
  - Provide referrals and case management
- Increase adherence to PrEP
- Include Tx for STDs

# Contact Information

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